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FEB 02 2006

February 2, 2006

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: Alamer S. Ahmed Art Unit: 3763	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Filing of Amendment and Request for Reconsideration App. No.: 10/609,194 Filed: 06/26/2003 Docket No.: 11533US.00 Confirmation No.: 7602	Number of pages being sent: <u>10</u> (including cover page)

PLEASE DELIVER TO EXAMINER Ahmed, Art Unit 3763.
Thank you.


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CENTRAL FAX CENTERFEB 02 2006 **PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Daniel J. Potter	Confirmation No.	7602
Serial No.:	10/609,194	Examiner:	Aamer S. Ahmed
Filed:	06/26/2003	Art Unit:	3763
Docket No.:	11533US.00		
For:	Tearable Hemostasis Valve And Splittable Sheath		

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office on:

February 2, 2006
 2/2/06
Estella Pinero Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

X Amendment and Request for Reconsideration
X Transmittal Letter, Fee and Cert. of Mailing

PATENT

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	12	20	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	1	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge—Late Fee-Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES AB,C,D, and E)					\$0**

<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of	\$0**	A copy of this letter is enclosed.
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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.

☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

☒ Any patent application processing fees under 37 CFR 1.17.

☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date:

2-2-06


Peter A. Nichols, Reg. No. 47,822
Patent Attorney for Applicants

CUSTOMER NUMBER: 36802

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CENTRAL FAX CENTERPATENT

FEB 02 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

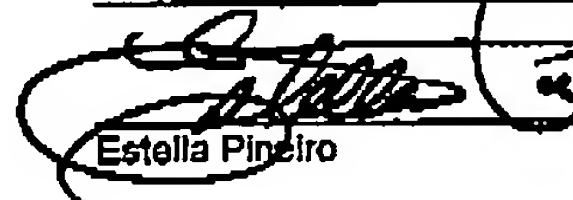
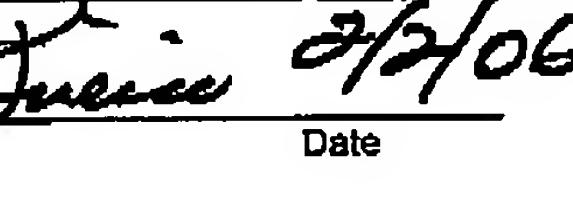
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AMENDMENT AND REQUEST FOR RECONSIDERATION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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on:

February 2, 2006

 
Estella Pinheiro Date

Dear Sir:

In response to the Office Action dated November 04, 2005, please amend the
above-identified application as follows.